

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 9

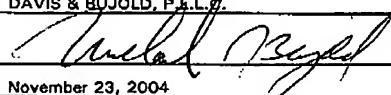
Application Number	10/612,681	RECEIVED
Filing Date	July 2, 2003	CENTRAL FAX CENTER
First Named Inventor	Hubert REMMLINGER et al.	NOV 23 2004
Group Art Unit	2857	
Examiner Name	Hien Xuan VO	Fax: (703) 872-9306
Attorney Docket Number	ZAHFRI P521US	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Transmittal
---	---	---

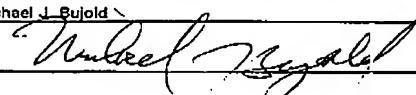
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold- DAVIS & BUJOLD, P.c.l.o.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 23, 2004	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on November 23, 2004

Type or printed name	Michael J. Bujold
Signature	
Date: November 23, 2004	

11/23/04

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Hubert REMMLINGER, Robert INGENBLEEK,
Serial no. : Gabriele SCHUWERK and Rolf SCHMITZ
Filed : 10/612,681
For : July 2, 2003
METHOD AND DEVICE FOR MACHINE
DIAGNOSIS, ESPECIALLY FOR
TRANSMISSION DIAGNOSIS
Group Art Unit : 2857
Examiner : Hien Xuan Vo
Docket : ZAHFRI P521US

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
CENTRAL FAX CENTER
NOV 23 2004

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed August 31, 2004, please enter the following before reconsideration of this application.

In the Claims:

Please cancel claims 8-22, without prejudice to the subject matter thereof, in favor of new claims 24-34. Please enter the amended claims into the record of this case.